

**LOBBYING SUPPLEMENTAL REGISTRATION FORM****To be used for changes to registrations and terminations.****Instructions**

- Print in ink or type.
- Complete form and return to the Board of Ethics, 2415 Quail Dr., Third Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

1. NAME Harkins Deborah D  
Last First MI

2. BUSINESS PHONE (504) 586-1200  
Area Code and Phone Number

3. BUSINESS ADDRESS 643 Magazine St. New Orleans LA 70130  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER McGlinchey Stafford, PLLC

5. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Taylor Energy Company (name change from previous - Patrick F. Taylor Foundation)

Address P. O. Box 53009, New Orleans, LA 70153-3009

Business or purpose Oil company

New Representation

Does this person pay you? ☐

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

**FOR OFFICE USE ONLY**

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ETHICS REGISTRATION  
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# SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

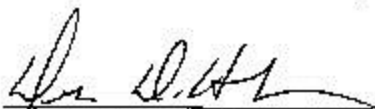
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist